	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 875 / 1615 (check only one) X
A	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)			
	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			
	Full Name (Last, First, Middle Initial) MR. TIM T. MURPHY Mailing Address 1560 EWING RD City State Zip Code			Date of Receipt
				0 7 1 6 2 0 1 0 Transaction ID: SA11.13721890
	ARROYO GRANDE	CA	93420-5924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED Occupation OWNER		CONTRIBUTION	
	Receipt For: Primary General Other (specify)	+	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) JOHN T. MURRAY			Date of Receipt
	Mailing Address 1515 N FLAGLER DR STE 600			07 26 2010
	City WEST PALM BEACH	State FL	Zip Code 33401-3430	Transaction ID: SA11.13738464
	FEC ID number of contributing federal political committee.	C	33401-3430	Amount of Each Receipt this Period 500.00
	Name of Employer PALM BEACH EAR NOSE & THR- OAT Receipt For: Aggregate Year-to-Date Occupation EAR, NOSE AND THROAT PHYSIC		CONTRIBUTION IAN	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) MARVIN MURRY			Date of Receipt
	Mailing Address P.O. BOX 354			07 22 7 2010
	City	State	Zip Code	Transaction ID: SA11.13737001
	FEC ID number of contributing	CA	95248-0354	Amount of Each Receipt this Period 50.00
	Federal political committee. Name of Employer INFORMATION REQUESTED PER	Occupation	n	CONTRIBUTION
	INFORMATION REQUESTED PER BEST EFFORTS Receipt For: Aggregate Year-to-Date ▼			BEST EFFORTS
	Primary General Other (specify) ▼	Aggregate	205.00	
_	SUBTOTAL of Receipts This Page (optional)			800.00